LONG TERM H. PYLORI ERADICATION AFTER ANTIBIOTIC THERAPY IN DUODENAL ULCER PATIENTS IN CHILE.


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Eradication of Helicobacter Pylori (HP) infection changes the natural course of duodenal ulcer (DU) and prevent DU relapse. The aim of our study was to compare the efficacy of Omeprazole (OME) with two different doses of Clarithromycin (CLA) in DU healing and HP eradication. We selected 130 DU pts randomly divided into two groups. Group A: 61 pts (39 M - 22 F; mean age 43.6 ± 13.04; range 20 - 70 yrs) were treated with OME 40 mg daily for 4 weeks plus CLA 1.5 g daily for 2 weeks. Group B: 69 pts (48 M - 21 F; mean age 42.6 ± 14.06; range 18 - 74 yrs) were treated with OME 40 mg daily for 4 weeks plus CLA 1 g daily for 2 weeks. All pts were reassessed by endoscopy, histology, culture and CP-test 8 weeks after the end of therapy. Statistical analysis was carried out using Chi-square test. Four pts in Group A and 5 pts in Group B dropped out. Our results showed that 49/57 pts (86%) in the Group A and 56/64 pts (87.5%) in the Group B were eradicated (p= 0.984; n.s.) while 57/57 pts (100%) in the Group A and 61/64 pts (95.3%) in the Group B were healed (p= 0.285; n.s.). Our data demonstrate a similar effectiveness of both treatment. For this reason we prefer OME 40 mg daily plus CLA 1 g daily treatment because patient compliance is good, side effects are nearly absent and the cost is lower.

EFFICACY OF AMoxicillin COMPARED WITH CLASSICAL TRIpLE THERAPY IN THE ERADICATION OF H. PYLORI AFTER PRE-TREATMENT WITH LANSOPRAZOLE.


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Proton pump inhibitor (PPI) pre-treatment may reduce the eradication rate of H. pylori with some antibiotics. It is, therefore, unclear which eradication regimen is most effective in patients already taking PPIs. We aimed to compare the effects of a Lansoprazole (LAN) pre-treatment on the eradicating capacity of two different antibiotic regimens in patients (pts) with duodenal ulcer. 96 pts with HP-positive active duodenal ulcer (59 males), diagnosed by endoscopy, histology and rapid urease test, were randomly assigned to receive one of the following three regimens: LAN 30 mg bid for 4 wks plus amox 1 g tid during the last two wks, LAN 30 mg once daily for 4 wks plus the classical triple therapy (CBS 400 mg, amox 3 g and tindazole 1 g/daily) during the last 2 wks, or LAN alone (30 mg/day) for 4 wks. Endoscopic healing rates at 4 wks were very high in all three groups of treatment (96% with LAN+amox, 96% with LAN-triple therapy and 97% with LAN alone, respectively). LAN + triple regimen was significantly better for HP eradication than high dose LAN and amox (8% versus 55%, p < 0.02), whereas the eradication rate with LAN alone was only of 3%. The frequency of significant side effects was higher with the LAN+triple therapy (10%) than with high dose LAN and amox (3%), although only one patient of the former group stopped therapy due to unwanted effects. Our findings show that classical triple therapy is more effective than amoxicillin in eradicating H. pylori in duodenal ulcer patients pre-treated with PPIs.

DUODENAL ULCER HEALING AND HELICOBACTER PYLORI ERADICATION BY ONE-WEEK LOW-DOSE TRIPLE THERAPY WITH OMEPRAZOLE, CLARITHROMYCIN AND METRONIDAZOLE. L.F. Catalano, *U. Privitera, R. Catanzaro, A. Liberti, **P. Romeo, G. Branciforte.

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Aim: The hypothesis was tested that one-week highly effective anti-H. pylori therapy is sufficient to heal H. pylori infection and duodenal ulcers as well. Methods: 55 patients with active duodenal ulceration and confirmed H. pylori infection by - 13C breath test were treated with omeprazole 20 mg bd, clarithromycin 250 mg bd and metronidazole 400 mg bd over one week. During the subsequent 3 weeks patients were treated either amox 20 mg bd, or with one-week placebo in a double-blind fashion. Ulcer healing was endoscopically checked 2 and 4 weeks after enrollment to the study. Eradication of H. pylori infection was assessed by urea breath test 4 weeks after stopping any study medication. Results: 52 patients completed the study without contravening the protocol. Two patients were lost to follow-up and another patient stopped study medication because of side effects (mucous burning, diarrhea) after 4 days and withdrew from the trial. Ulcer healing was endoscopically observed in 45 of 53 patients after two weeks (85%; 95% CI: 72%-90%) and in all patients after 4 weeks (100%; 95% CI: 93%-100%). H. pylori eradication succeeded in 50 out of 52 patients (96%; 95% CI: 87%-100%). Adverse events were reported by 5% versus 20% (p=0.005) led to discontinuation of the medication in 1 patient (2%; 95% CI: 0%-10%). Conclusion: One-week low-dose triple therapy is a highly effective, simple and well tolerated regimen for cure of H. pylori infection and duodenal ulcer healing as well. Commencement of antisecretory drugs beyond the eradication therapy seems to be excessive.
GR12311X (RANITIDINE BISMUTH CITRATE) WITH AMOXICILLIN FOR THE ERADICATION OF HELICOBACTER PYLORI. C O Mori1, TB Schulz2, C Y Tam3, MF Dixon4, P Quirke5, AE Duggan6 1Meath Hospital, Dublin. 2Aust-Agler Central Hospital, Auckland, Norway. 3Tuen Mun Hospital, New Territories, Hong Kong. 4General Infirmary, Leeds, UK. 5Glaxo Research & Development Ltd, UK.

Introduction: This double-blind, randomised, multicentre study compared the efficacy and safety of GR12311X (GR) 400 mg bd monotherapy for 28 days (GR400) to treatment with GR400 mg bd or 800mg bd in co-prescription with amoxicillin 500mg qds for 14 days, followed by 14 days of GR 4000mg bd monotherapy (GR400+AMOX) and GR800+AMOX, respectively in the eradication of Helicobacter pylori (HP).

Patients and Methods: 98 patients with active DU (93 with confirmed H.p infection) entered the study. Patients with healed ulcers had a further endoscopy at least 28 days after the end of treatment. H.p was assessed by 13C-urea breath test (UBT), antral and corpus histology (modified Giemsa stain) and antral and corpus CLOtest™ at each endoscopy. In a modified Intent-to-Treat analysis of patients with at least 2 evaluable diagnostic tests, H.p eradication was assumed if all tests were negative (6 biopsies and excess 13C- 12CO2 ≤5 per ml) >4 weeks after the end of treatment. Trough plasma bismuth levels were also assessed.

Results (Intent-to-Treat Analysis) GR400 GR400 + AMOX GR800 + AMOX
- Numbers of patients with DU 33 31 34
- H. pylori eradication (observed) 0% 48%* 74%*
- Healing rates at 4wk (LOCF)† 76% 77% 91%
- Patients with any adverse event 24% 20% 12%
- Median 4wk plasma bismuth (ng/mL) 2.2 1.9 2.7
- p<0.001 for comparison of monotherapy with each co-prescription regimen. 1LOCF = last observation carried forward

Conclusion: GR in co-prescription with amoxicillin was significantly more effective for the eradication of H. pylori than monotherapy. All regimens were well tolerated and effective in the healing of DU.

THE TREATMENT OF DUODENAL ULCER WITH GR12311X (RANITIDINE BISMUTH CITRATE) AND AMOXICILLIN. E Butnik1, CK Ching2, K Schütte3, AE Duggan4 1Department of Gastroenterology, Institute of Oncology, Poland. 2Queen Mary Hospital, Hong Kong. 3Endoscopy Center der Tiroler Krankenhäuser, Austria. 4Glaxo Research and Development Limited, UK.

Introduction: This double-blind, randomised, multicentre study compared the efficacy and safety of GR12311X (GR) 400 mg bd monotherapy for 28 days (GR400) to GR 400mg bd or 800mg bd in co-prescription with amoxicillin 500mg qds for 14 days, followed by 14 days of GR 4000mg bd monotherapy (GR400+AMOX and GR800+AMOX), respectively in duodenal ulcer (DU) treatment. Patients and Methods: 264 patients with active DU (252 with confirmed Helicobacter pylori (H.p) infection) entered the study. Patients with healed ulcers were followed up to 6 months on no therapy with endoscopy at 1, 3 and 6 months. The primary efficacy assessment, overall success rate, was defined as the proportion of patients whose ulcers were healed and who remained ulcer-free during follow-up. H.p was assessed by 13C-urea breath test (UBT) and antral and corpus CLOtest™ at each endoscopy. In a modified Intent-to-Treat analysis of patients with both CLOtest and UBT results, H.p eradication was assumed if all tests were negative (4 biopsies and excess 13C- 12CO2 ≤5 per ml) >4 weeks after the end of treatment.

Results (Intent-to-Treat Analysis) GR400 GR400 + AMOX GR800 + AMOX
- Numbers of patients with DU 86 89* 89*
- Overall success rates after 6m 33% 80%* 78%*
- follow-up (life-table estimates) 33% 80%* 78%*
- Healing rates at 4wk (LOCF)† 90% 88% 84%
- Relapse rates after 6m (LOCF)† 57% 13%* 14%*
- H. pylori eradication (observed) 36% 61%* 68%*
- Patients with any adverse event 17% 19% 24%* 1p<0.001 for comparison of monotherapy with each co-prescription regimen. 1LOCF = last observation carried forward

Conclusion: The dual therapy was well tolerated and effective in healing of DU, eradication of H. pylori (up to 68%) and prevention of DU recurrence for up to 6 months. It had significant advantages over monotherapy.

GR12311X (RANITIDINE BISMUTH CITRATE) WITH CLARITHROMYCIN FOR THE ERADICATION OF HELICOBACTER PYLORI. JE Pounder1, R Bailey2, JA Low3, B Ohi4, MF Dixon5, P Quirke5, AE Duggan6 1Royal Free Hospital, London, UK. 2Edmonton, Canada. 3Groote Schuur Hospital, Cape Town, South Africa. 4Centralahuset, Karlskrona, Sweden. 5General Infirmary, Leeds, UK. 6Glaxo Research and Development Limited, UK.

Introduction: This double-blind, randomised, multicentre study compared the efficacy and safety of GR12311X (GR) 400 mg bd monotherapy for 28 days (GR400) to treatment with GR 400 mg bd or 800mg bd in co-prescription with clarithromycin 250mg qds for 14 days, followed by 14 days of GR 400mg bd monotherapy (GR400+CLAIR) and GR800+CLAIR, respectively in Helicobacter pylori (HP) eradication. Patients and Methods: 95 patients with active DU (91 with confirmed H.p infection) entered the study. Patients with healed ulcers had a further endoscopy at least 28 days after the end of treatment. H.p was assessed by 13C-urea breath test (UBT), antral and corpus histology (modified Giemsa stain) and CLOtest™ on 2 antral and corpus biopsies at each endoscopy. In a modified Intent-to-Treat analysis of patients who had at least 2 evaluable diagnostic tests, H.p eradication was assumed if all tests were negative (6 biopsies and excess 13C- 12CO2 ≤5 per ml) >4 weeks after the end of treatment. Trough plasma bismuth levels were also assessed.

Results (Intent-to-Treat Analysis) GR400 GR400 + CLAIR GR800 + CLAIR
- Numbers of patients with DU 31 32 32
- H. pylori eradication (observed) 0% 82%* 74%*
- Healing rates at 4wk (LOCF)† 71% 88% 88%
- Patients with any adverse event 23% 31% 35%
- Median 4wk plasma bismuth (ng/mL) 4.2 7.7 5.8
- p<0.001 for comparison of monotherapy with each co-prescription regimen. 1LOCF = last observation carried forward

Conclusion: Good concordance was observed between H.p diagnostic tests for individual patients. Corpus biopsies did not appear to increase the post-treatment sensitivity of the histology or CLOtest with these regimens.

Conclusion: GR in co-prescription with clarithromycin was significantly more effective for the eradication of H. pylori than monotherapy. All regimens were well tolerated and effective in the healing of DU.

RANITIDINE VS OMEPRAZOLE: SHORT-TERM TRIPLE THERAPY IN PATIENTS WITH HELICOBACTER PYLORI POSITIVE DUODENAL ULCER. A Saddreddine1, C De Faria1, G Scaramelli1, L Pantaleone2, M di Virgilio3, C Magnanini4, G Pizzicannella5. Departments of Gastroenterology and "Pathology, General Hospital, Vasto(Ch),Italy.

Introduction: The rationale for combined anti-secretory and antibacterial treatment of duodenal ulcer is based on the advisability of combining the routine anti-secretory therapy, which is intended to prevent the relapse but associated with a high recurrence rate, with eradication of Helicobacter pylori (HP) which appears to minimize recurrence of the lesion.

The aim of the study was to compare the overall therapeutic efficacy of two triple therapy regimens, each using the same two anti-bacterial agents (clarithromycin and tinidazole), but with different anti-secretion agents (ranitidine or omeprazole), in patients with active duodenal ulcer and HP infection.

Methods: The patient population of this prospective open study comprised 100 patients (54 males,46 females;age range:21-70 yrs), with active duodenal ulcer and evidence of gastric HP infection (CP-test + histological search in biopsy specimens from the antrum and corpus).

Fifty patients (group A) were randomized to omeprazole 20 mg BD + clarithromycin 250 mg BD + tinidazole 500 mg BD for 7 days and then to omeprazole 20 mg/day for another 3 weeks. The other 50 patients (group B) were randomly allocated to treatment with ranitidine 300 mg BD + clarithromycin and tinidazole for 7 days(at the same doses of the omeprazole containing regimen), and then ranitidine 300 mg/day for another 3 weeks.

The two groups appeared to be well matched for sex, age, characteristics of lesions and clinical history of the disease treated.

Results: At least 2 months after discontinuation of the anti-secretory drug a follow-up endoscopy was performed, revealing healing of the duodenal mucosal lesions in all patients. The histological investigation (with hematoxylin-eosin and Giemsa staining) on multiple biopsies from the antrum and corpus revealed eradication of HP in 92% (49/50) patients in group A and in 89% (43/50) patients in group B (N.S. at Chi-Square test).

Conclusion: The study did not show significant differences in terms of tolerability, compliance, healing rates and HP eradication in the two patient groups. Since the two therapeutic regimens differ only in the choice of the anti-secretory agent, the authors take the view that the clinical experiences reported, though requiring future confirmation, appears to demonstrate that ranitidine is equally effective as omeprazole in achieving high HP eradication rates in triple therapy.

Aim: We tested the hypothesis that one-week effective eradication therapy is sufficient to heal H.pylori associated duodenal and gastric ulcers.

Methods: In 4 consecutive prospective studies, 112 patients with endoscopically proven H.pylori positive (culture and/or histology) duodenal ulcers (n=78), gastric ulcers (n=28), or gastroduodenal double ulcers (n=6) were treated with one-week triple therapy schedules consisting of omeprazole 20 mg od, clarithromycin 250 mg bd, and metronidazole 400 mg bd or tetracycline 500 mg bd (OMC, OCT), or with omeprazole 20 mg bd, amoxicillin 1 g bd, and clarithromycin 250 mg bd or metronidazole 400 mg bd (OAC, OAM). Ulcer healing and H.pylori eradication (urease test, culture, histology) were assessed 4 weeks after cessation of the eradication therapy.

Results: In all patients, symptoms referable to ulcer disease disappeared within one week of treatment. The overall 5-week ulcer healing rate was 96.6% (106/112 patients; 95%-CI: 96%-98%). Out of the patients with healed ulcers, 96% have also cured their infection. Ulcer healing was more frequently observed in patients with cure of H.pylori infection as opposed to the group of patients with posttherapeutically persisting bacterial colonization (97% vs 77%; p=0.02). Incomplete ulcer healing after 5 weeks was associated with either persistant H.pylori infection (n=2), intake of Aspirin/NSAIDs (n=3), or treatment with Aspirin (100 mg) and H.pylori persistence (n=1).

Conclusions: In the absence of concomitant treatment with ulcerogenic drugs, a one-week highly effective eradication therapy is sufficient to heal almost all duodenal and gastric ulcers. Thus, prescription of antulcer drugs beyond eradication therapy seems actually to be excessive.

COmPARISON OF TWO LOW DOSE ONE-WEEK TRIPLE THERAPY REGIMENS WITH AND WITHOUT METRONIDAZOLE FOR CURE OF H. PYLORI INFECTION.

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Purpose: We have recently shown that a one-week triple therapy consisting of omeprazole 20 mg bid, Clarithromycin 250 mg bid and tinidazole 500 mg bid is very effective with an eradication rate of 93%. We therefore investigated a similar regimen consisting of lanazoprazole 30 mg bid, clarithromycin 250 mg bid and metronidazole 400 mg bid or tetracycline 300 mg bid in a prospective cohort study.

Methods: Two cohorts each of 60 patients, suffering from H.pylori infection associated with peptic ulcer disease or ulcer like dyspepsia were treated for one week with either lanazoprazole 30 mg bid, clarithromycin 250 mg bid and metronidazole 400 mg bid (cohort I, n=60) or tetracycline 300 mg bid (cohort II, n=60). H.pylori infection and under-lying disease was diagnosed by endoscopy using rapid urease test and histology. 4 weeks after treatment withdrawal cure of H.pylori was evaluated by using the same criteria as mentioned above.

Results: Patients in the two cohorts had similar clinical and demographic characteristics. In cohort I, 55 patients out of 60 showed cure of H.pylori infection (92%). The treatment was well tolerated. Three patients reported sideeffects, two experienced limited diarrhoea and one bad taste. In cohort II, which was free of metronidazole, the eradication of H.pylori was slightly less effective as only 50 out of 60 showed cure of H.pylori infection (83%). Two patients reported limited diarrhea. The difference between the cohorts of H.pylori eradication was statistically not significant.

Conclusions: Triple therapy for one week with lanazoprazole as the antisecretory part, seems to be as effective as what is reported for omeprazole. Substitution of metronidazole by tetracycline is somewhat less effective but gives still a high eradication rate and could be an alternative to patients with metronidazole resistance.


Aim: The present study was conducted to evaluate the efficacy and tolerability of two similar one-week triple therapy schedules for eradication of H.pylori.

Methods: 120 consecutive patients suffering from histologically and/or culturally proven H.pylori infection and associated peptic ulcer disease (duodenal ulcer: n=69; gastric ulcer: n=21; duodenal and gastric ulcer: n=3 or functional dyspepsia (n=30) were recruited. Patients 1-60 were treated with omeprazole 20 mg bd, amoxicillin 1 g bd and clarithromycin 250 mg bd over one week (OAC). Patients 61-120 were treated with omeprazole 20 mg bd, amoxicillin 1 g bd and metronidazole 400 mg bd over one week (OAM). Patients were endoscopically reinvestigated 4 weeks after cessation of eradication therapy including the assessment of the H.pylori status by means of an urease test, culture and histology.

Results: Three patients (OAC: n=1; OAM: n=2) were lost to follow-up. H.pylori infection was eradicated in 53 out of 60 patients of the OAC group (rate (intention-to-treat): 88%; 95%-CI: 77%-95%) and in 47 out of 60 patients of the OAM group (rate: 78%; 95%-CI: 66%-88%) [OAC vs OAM: p=0.22]. Nine patients of either group complained of side effects without necessity of discontinuation of the study medication (rates: 15% vs 13.5%; p=1.00).

Conclusions: A one-week simple (bd regimen) triple therapies consisting of omeprazole, amoxicillin and either clarithromycin or metronidazole represent a sufficiently effective and well tolerated approach to the cure of H.pylori infection. In view of a 10% higher efficacy and a markedly lower rate of primary resistance of H.pylori to clarithromycin as to metronidazole, the OAC regimen should be preferred.